

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Essie Antell*Died at *Crisfield* Town*Somerset* County

MARYLAND

Date of death *1906 Oct* Month*20* Day *24* Years*—* Months*—* DaysSex *Male*Color or Race *White*Birth-place *Nb y*Occupation *Hedger on Oyst. Boat* Where Residing if not at place of deathMarried, Single or Widowed *S*Name of Wife or Husband *—*Father's Name *—*Father's Birthplace *—*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving information *By Shipping papers in Custom House*

CAUSES OF DEATH

Primary

How long

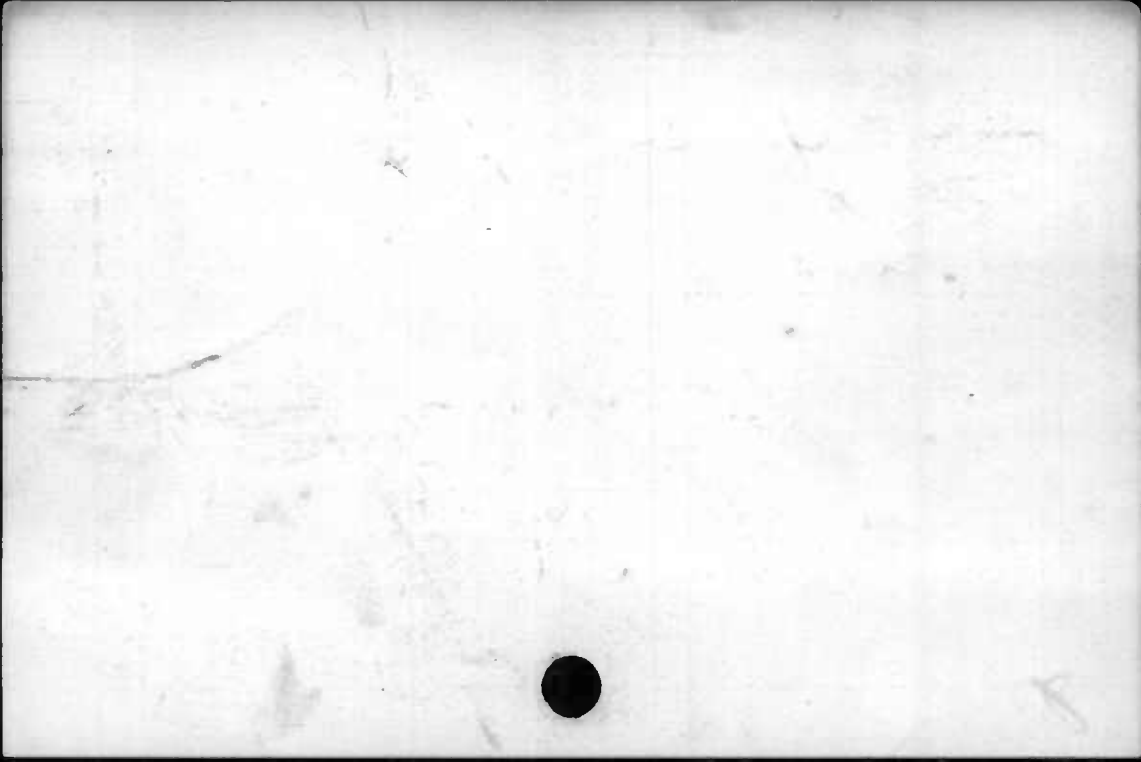
Immediate *Drowning*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Wm H Boulbourn*Address *Crisfield, Md*Accident or Suicide? *Accident*



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>James Martin</i>		Town <i>Somerset</i>		County	
	Date of death <i>1906</i>		Month <i>Oct.</i>	Day <i>22</i>	Age <i>70</i>	Years
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Som. Co</i>	
	Occupation			Where Residing if not at place of death		
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
	Father's Name				Father's Birthplace	
	Mother's Maiden Name				Mother's Birthplace	
PHYSICIAN OR CORONER	Name of person giving information <i>John Byrman</i>				How related to deceased <i>Son</i>	
	CAUSES OF DEATH					
	Primary <i>Tuberculosis</i>				How long <i>4 years</i>	
	Immediate <i>Asthma</i>				How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>P. J. Winters</i>	
				Address <i>Somerset, Va</i>		
Accident or Suicide? <i>No</i>						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Crisfield</u> ^{Town}		<u>Somerset</u> ^{County}			
Date of death	<u>1906</u> ^{Month} <u>Oct</u> ^{Day} <u>20</u>	Age	<u>21</u> ^{Years}	Months	<u>—</u> ^{Days} <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>New York</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>—</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>—</u>
Name of person giving information	<u>Edward Coulter</u>			How related to deceased	<u>Self Before</u>

CAUSES OF DEATH

Primary

Nephritis.

How long

Immediate

How long

two weeks

Are the name, age, sex, color, date and place correctly given above?

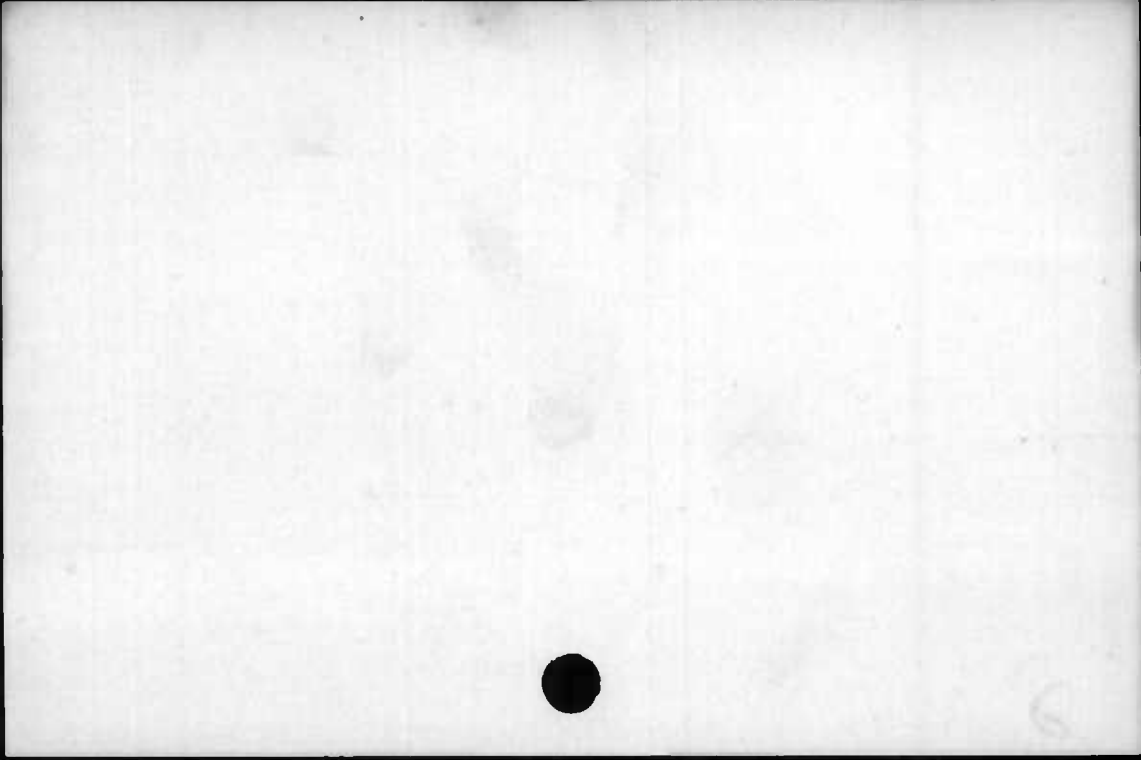
yes

Signature of Physician

Address

W. H. Coulter M.D.
Crisfield -
MD

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

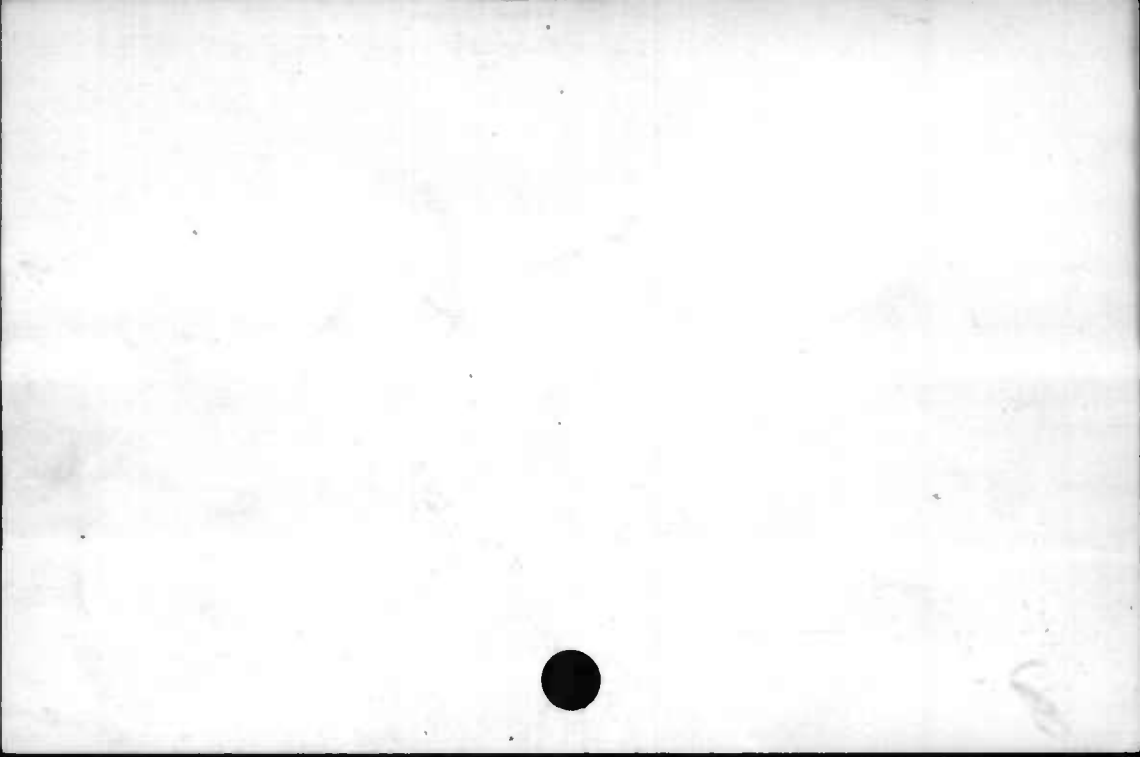
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Heat P. O.</i>		Town <i>Heat P. O.</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1906	Month	Oct	Day	16	Years	Age 18
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>md.</i>		Months <i>—</i> Days <i>—</i>	
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George Cannon</i>				Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Annie Turpin</i>				Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Geo. Cannon</i>				How related to deceased <i>Grand father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>5 1/2 wks.</i>
Immediate	<i>Intestinal Perforation</i>	How long	<i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. T. Foster, M.D.</i>	
		Address <i>Princeton, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Edward Dize

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Inverness^{County} SomersetDate of death 1906 ^{Month} Oct^{Day} 18Age ^{Years} One^{Months} One^{Days} —

Sex Male

Color or Race White

Birthplace Inverness

Occupation None

Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband —

Father's Name Edward S. T. Dize

Father's Birthplace Somerset Co

Mother's Maiden Name Arintha Revelle

Mother's Birthplace Inverness

Name of person giving information —

How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Entero-Colitis

(105)

How long One Month

Immediate —

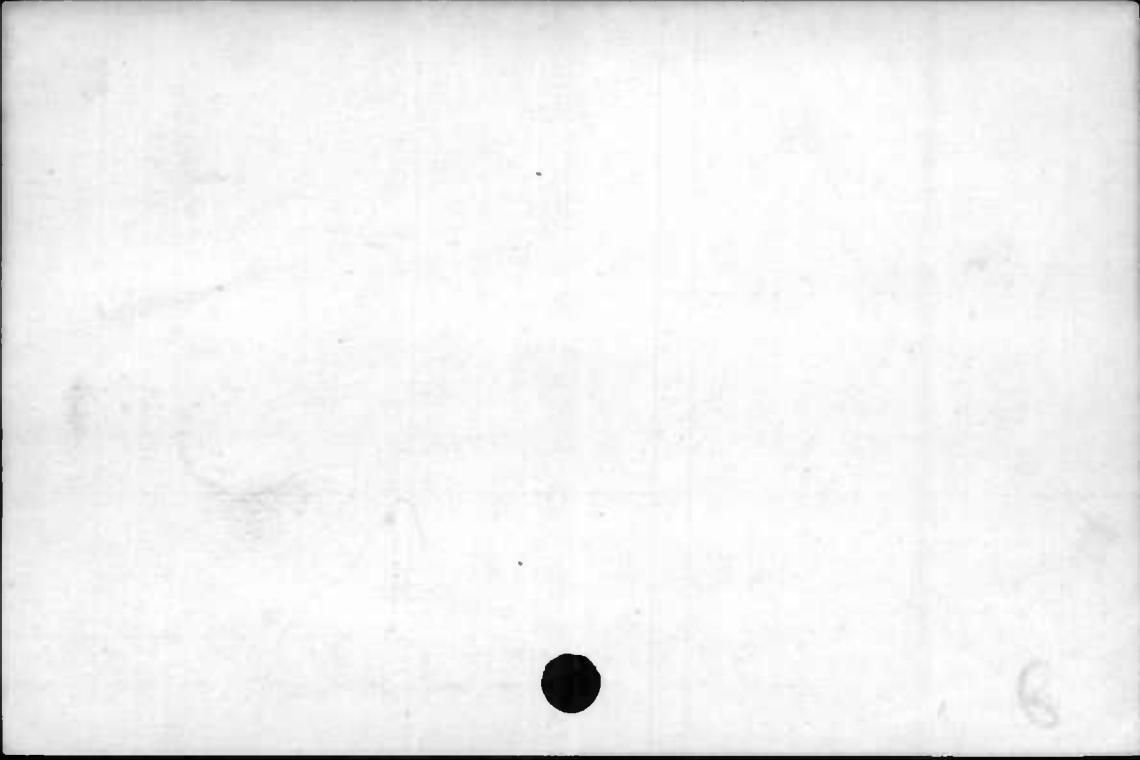
How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician G. E. Dickinson

Address Upper Fairmount Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

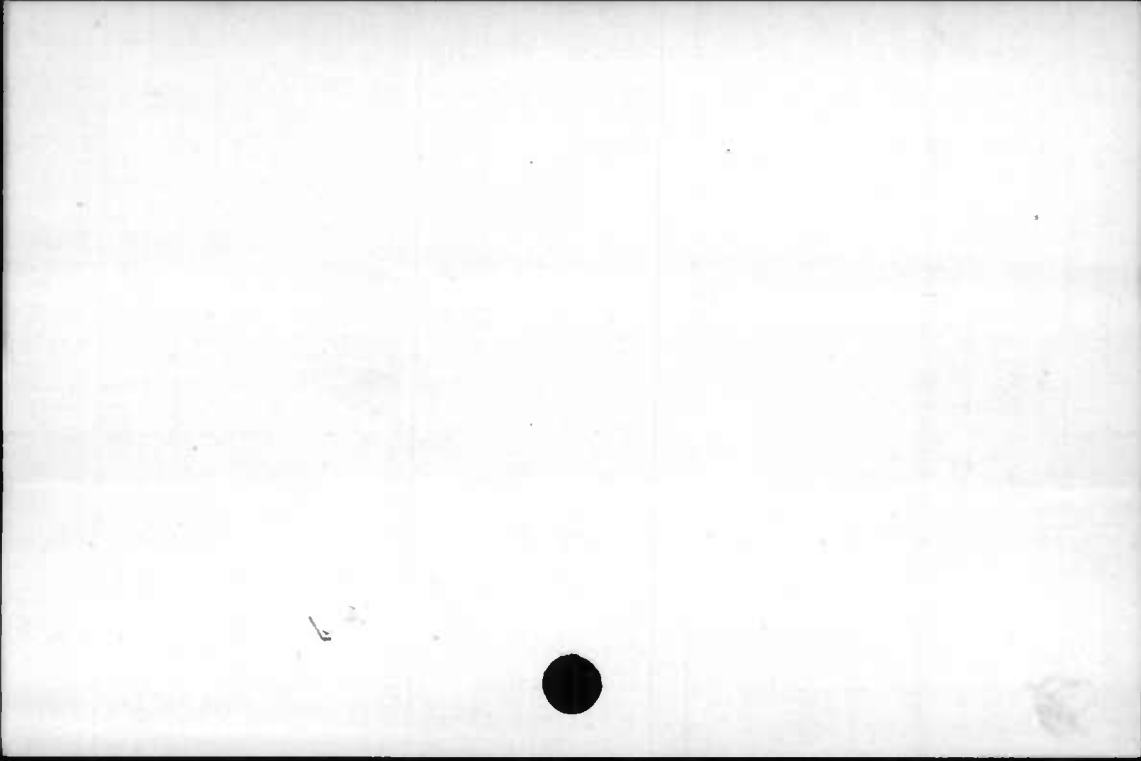
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary H. Durham</i>		Town <i>Rehoboth</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Rehoboth</i>		Date of death <i>1906 Oct 5</i>		Age <i>63</i>		Months <i>5</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Som. Co. Md.</i>			
Occupation <i>No occupation</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Durham</i>					
Father's Name <i>Henry Swift</i>		Father's Birthplace <i>Som. Co. Md.</i>					
Mother's Maiden Name <i>Annie T. Beauchamp</i>		Mother's Birthplace <i>Som. Co. Md.</i>					
Name of person giving information <i>Durham</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Tuberculosis</i>	How long <i>3 or 4 yrs.</i>
Immediate <i>General exhaustion</i>	How long <i>2 or 3 mths</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Rehoboth City</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Elizah Hardy

CERTIFICATE OF DEATH

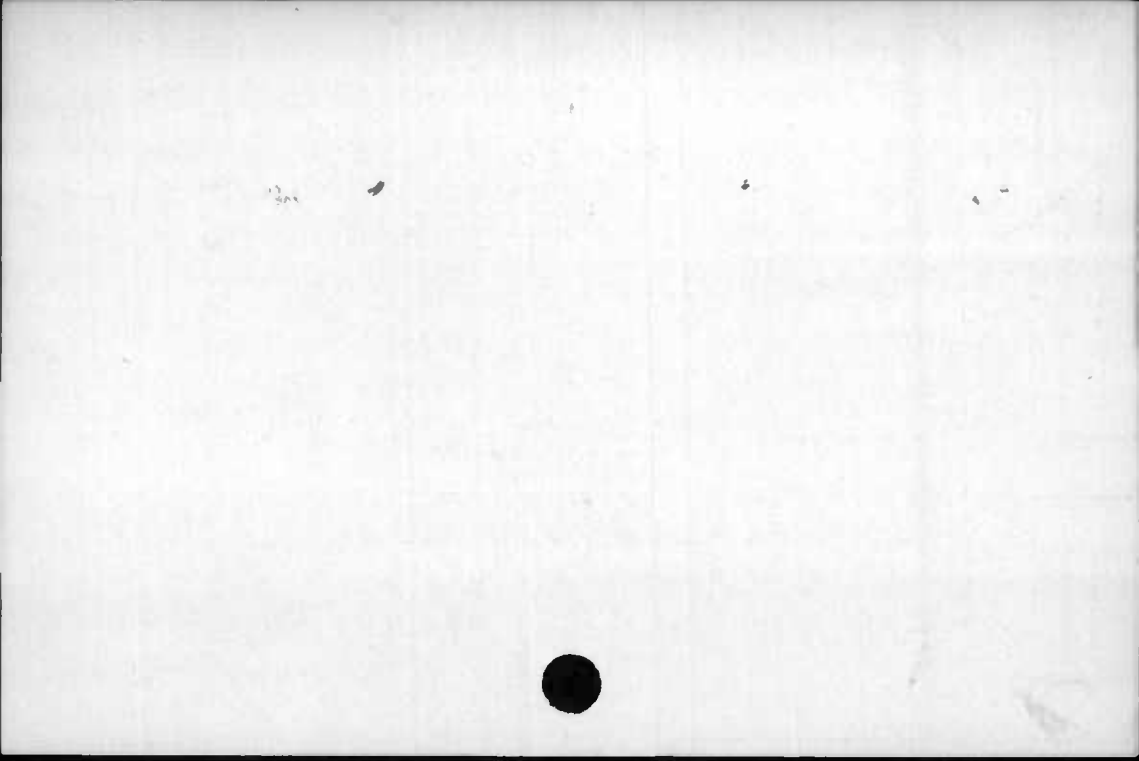
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hopewell		County Sumner		MARYLAND	
Date of death	1906	Month Oct	Day 27	Age 69	Years	Months	Days
Sex	Male		Color or Race	Black		Birth-place	Sumner Co
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	L					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Intestinal Nephritis		How long	2 yrs
Immediate	Cerebral Apoplexy		How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician R. E. Calline	
			Address Cinfield	
Accident or Suicide?				



Name
in
Full

Lulu Hopkins

CERTIFICATE OF DEATH

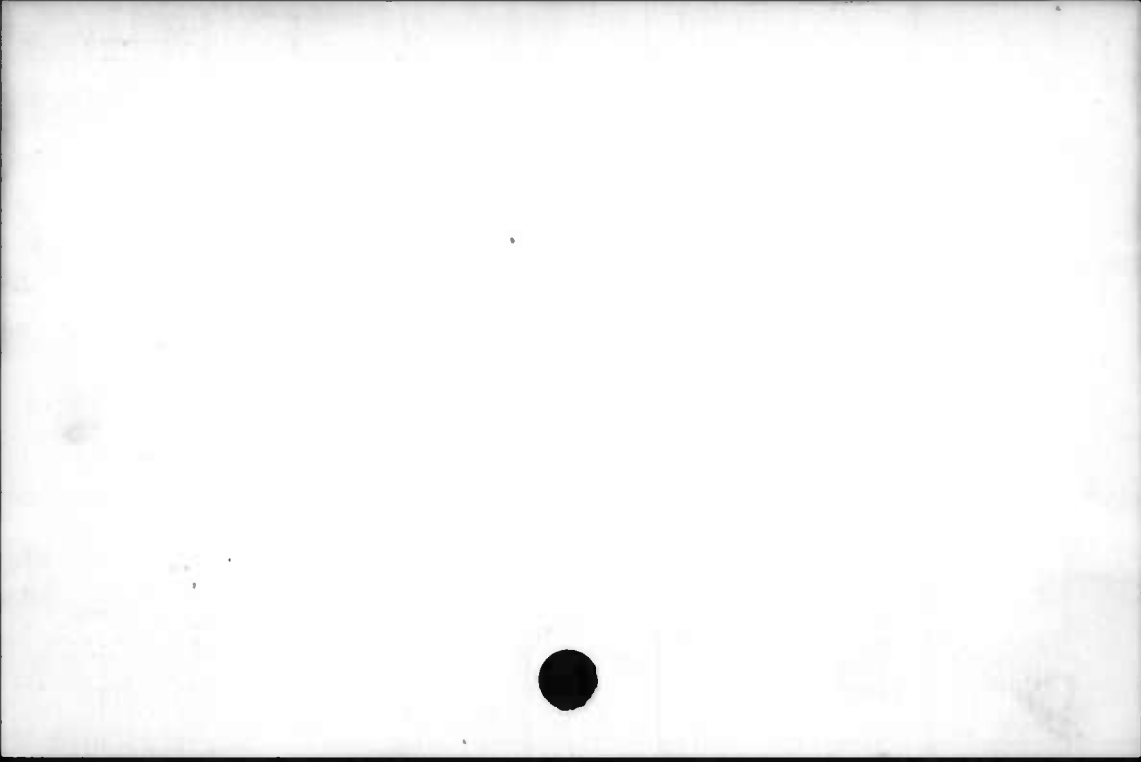
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Vernon		County Laurens		MARYLAND	
Date of death	1906	Month 10	Day 9	Age 28	Years	Months ✓	Days —
Sex	Female		Color or Race	White		Birth- place	Med
Occupation	Housewife			Where Residing if not at place of death ✓			
Married, Single or Widowed	Married		Name of Wife or Husband Geo W. Hopkins				
Father's Name	John W Austin					Father's Birthplace	Med
Mother's Maiden Name	Ella Scott					Mother's Birthplace	Med
Name of person giving In formation	Geo W Hopkins					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis Intestinalis		How long	6 years
Immediate	Asthma		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Henry M. Lantieri M.D.	
			Address Princess Anne Med.	
Accident or Suicide?		no		



Name
in
Full

CERTIFICATE OF DEATH

John W. Jones

Town

Mt Vernon

County

Somerset

MARYLAND

Date

1906

Month

Oct

Day

26

Years

Age

41

Months

3

Days

4

Sex

Male

Color or
Race

White

Birth-
place

Mt Vernon

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Bertha Jones

Father's
Name

Joseph Jones

Father's
BirthplaceMother's
Maiden Name

Jesse Semons

Mother's
Birthplace

Tadap

Name of person giving
Information

Geo. W. Hopkins

How related
to deceased

Brother Law

CAUSES OF DEATH

Primary

Stomache Trouble

How long

8 years

Immediate

Brights Disease

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

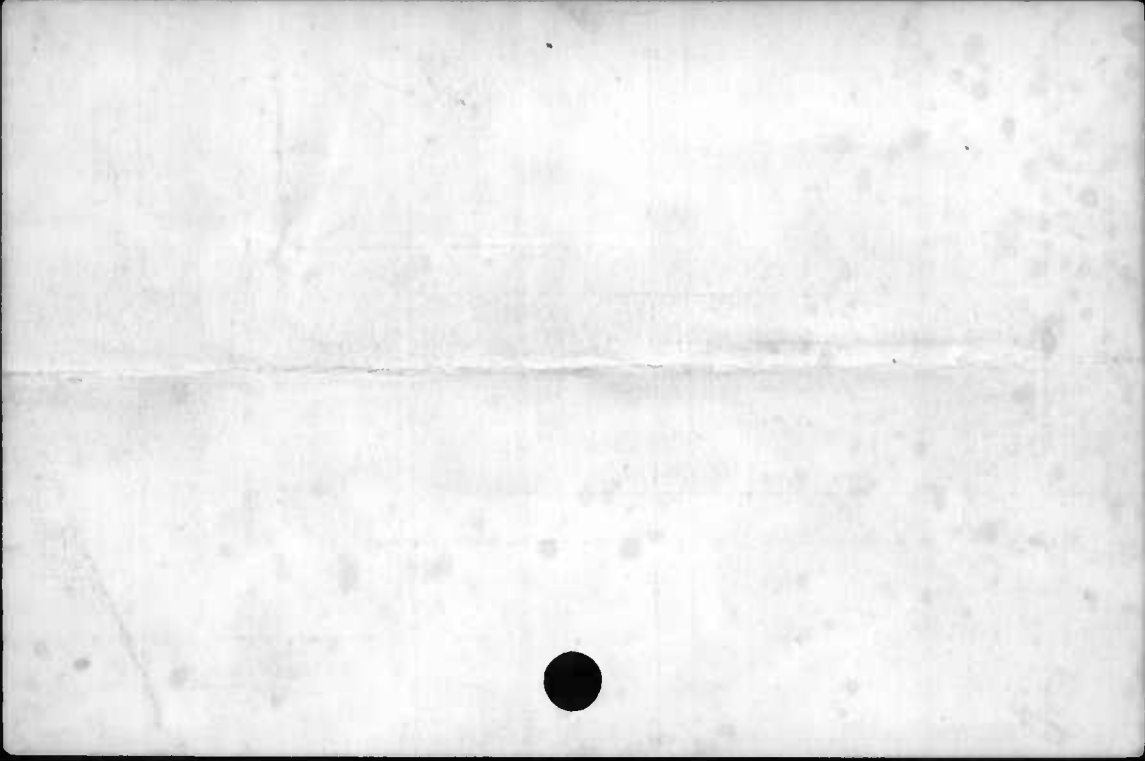
Ralph H. Ford

Address

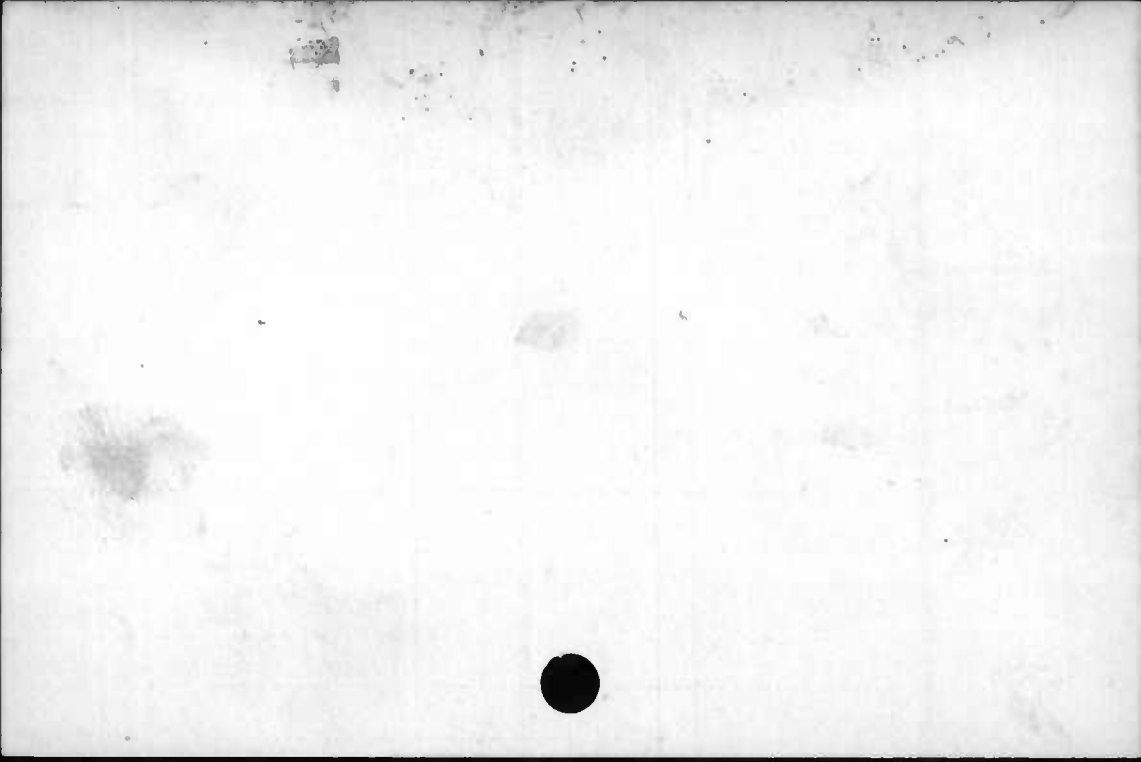
Orion

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Rodney Leatherberry		CERTIFICATE OF DEATH	
Died at James Quarter ^{Town} Somerset ^{County}		MARYLAND	
Date of death 1906	Month Oct	Day 10	Age 1 Years 3 Months 5 Days
Sex male	Color or Race Colored	Birth-place Som. Co.	
Married, Single or Widowed —		Occupation —	
Name of Wife or Husband —			
Father's Name Archie Leatherberry		Father's Birthplace Som. Co.	
Mother's Maiden Name Annie M. Jones		Mother's Birthplace Som. Co.	
Name of person giving information Archie Leatherberry		How related to deceased Father	
CAUSES OF DEATH			
Primary	Diphtheria		How long 3 days
Immediate	Exhaustion		How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S. J. Warden, M.D.	
Address James Quarter Somerset Co., Md.			
Accident or Suicide? 2			



Name
in
Full

Dr Robert Messick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *James Quarter* *Somerset* *Somerset* *MARYLAND*

Date of death 1906 *Oct.* *30th* *30th* *1* *5* *5* *5*

Sex *Male* Color or Race *White* Birth-place *Som. Co.*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Robt. Messick* Father's Birthplace *Som. Co.*

Mother's Maiden Name *Mary Messick* Mother's Birthplace *Som. Co.*

Name of person giving information *Robt. Messick* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* *27* How long *6 mos.*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

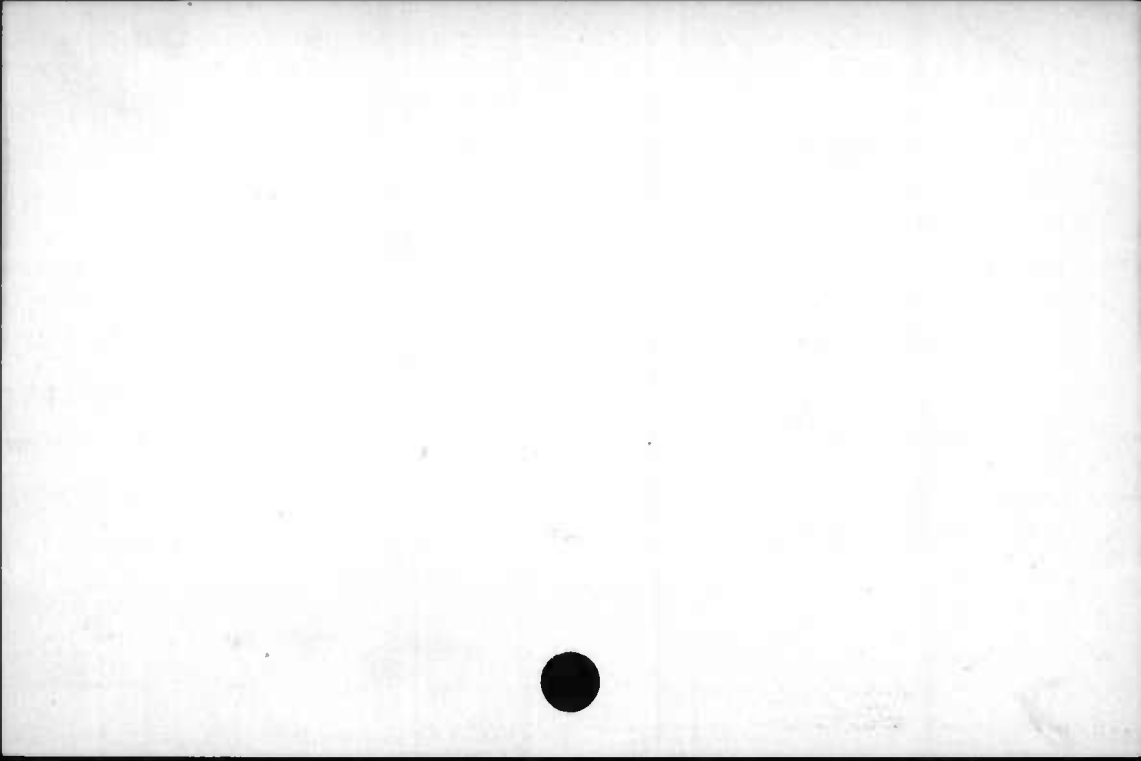
Address

S. J. Winder, M.D.

James Quarter

Somerset Md

Accident or Suicide?



Name
in
Full

L. Dow Mester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cowell		County Somerset		MARYLAND	
Date of death		Month 1906	Day October	Age	Years 70	Months	Days
Sex Male		Color or Race White		Birth- place Accomac Co Va.			
Occupation Cysterman		Where Residing If not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Olga Marsh					
Father's Name John Mester		Father's Birthplace Accomac Va					
Mother's Maiden Name Don't know		Mother's Birthplace Accomac Va					
Name of person giving In formation Olga Mester		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary
Aortic & mitral regurgitation

How long

Immediate
Heart failure

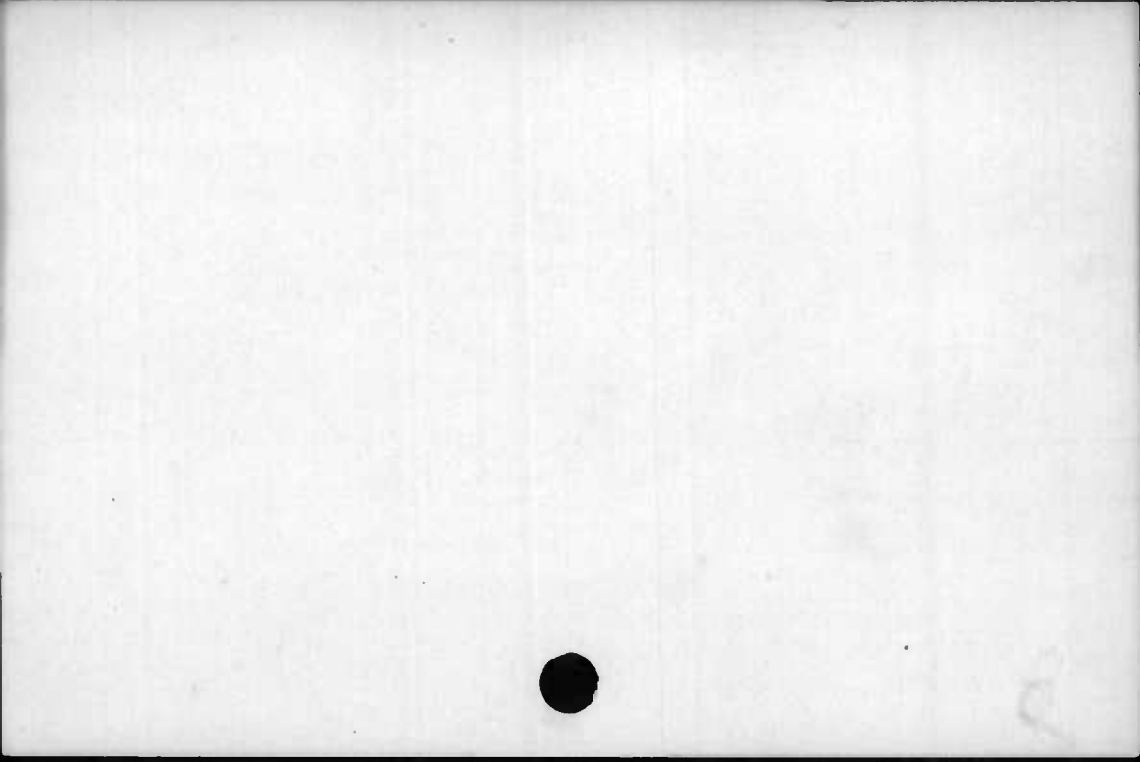
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

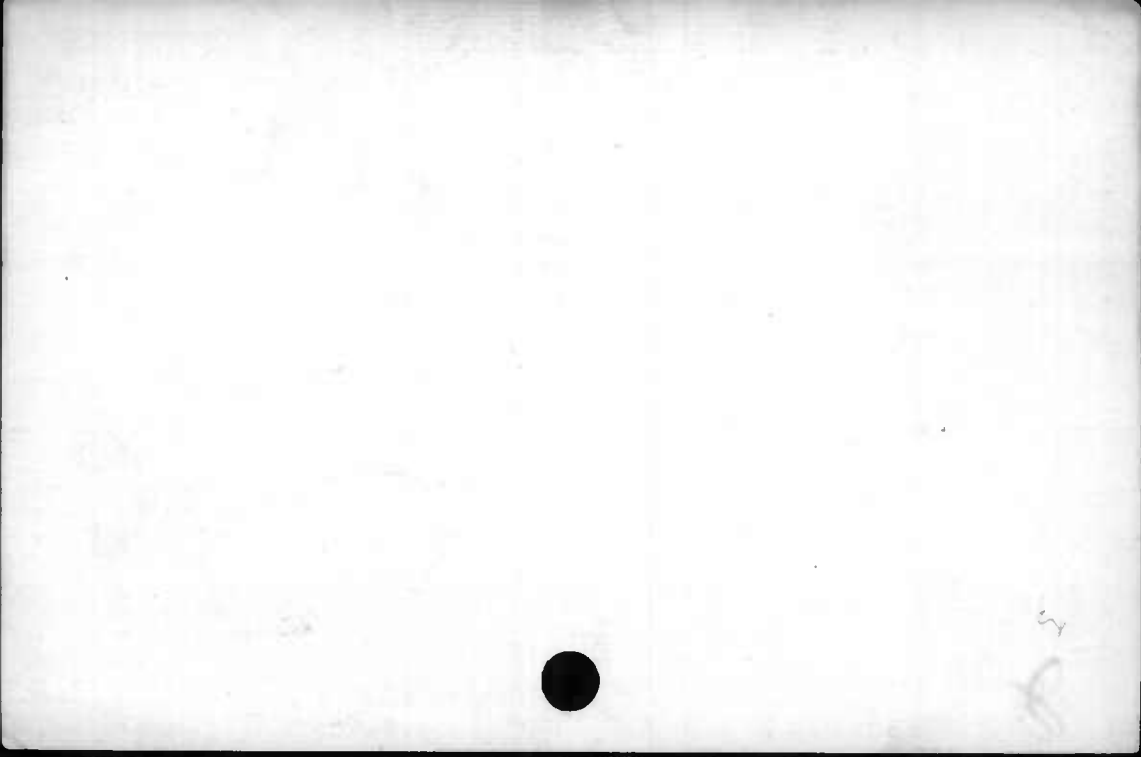
Address

P. H. Lawrence
Cowell
Md.

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	James Quarter		Somerset				
	Date of death	1906	Month	Oct.	Day	19	Age
	Sex		male		Color or Race		White
	Occupation		-		Where Residing if not at place of death		-
	Married, Single or Widowed		-		Name of Wife or Husband		-
	Father's Name		Peter Owen		Father's Birthplace		Som. Co.
Mother's Maiden Name		Jimmie Jenkins		Mother's Birthplace		A. A. C.	
Name of person giving information		Peter Owen		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Diphtheria		How long		1 day
	Immediate		-		How long		-
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		S. J. Woodward, M.D.		
	Address		James Quarter, Somerset, Va.				
Accident or Suicide?		<input checked="" type="checkbox"/> Accident or Suicide?					



Name in Full		Unnamed				Powell				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Helobeth		Somerset		County		MARYLAND				
	Date of death		1906		October		15		Age		3		
	Sex		Female		Color or Race		White		Birth-place		Where it died		
	Occupation		Infant		Where Residing if not at place of death		at place of death						
	Single or Widowed		Single		Name of Wife or Husband								
	Father's Name		Robert W Powell		Father's Birthplace		Indiana						
PHYSICIAN OR CORONER	Mother's Maiden Name		Adeline Sanders		Mother's Birthplace		Somerset Co Md						
	Name of person giving Information		Henry Powell		How related to deceased		Uncle						
	CAUSES OF DEATH												
	Primary		Inflammation of Bowels		How long		One week						
Immediate		Consequences of above inflammation		How long		One day							
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J T Costen							
				Address		Pocomoke Md							
Accident or Suicide?													

unmarked

from the bottom

is about 12

feet

deep

very light & sandy

beds in the

lower part

of the

formation of

the

is

6

about 12 ft. x
at base of

formation is
about 12 ft.
wide

very much

of the

the

Name
in
Full

Eliza Sterling

CERTIFICATE OF DEATH

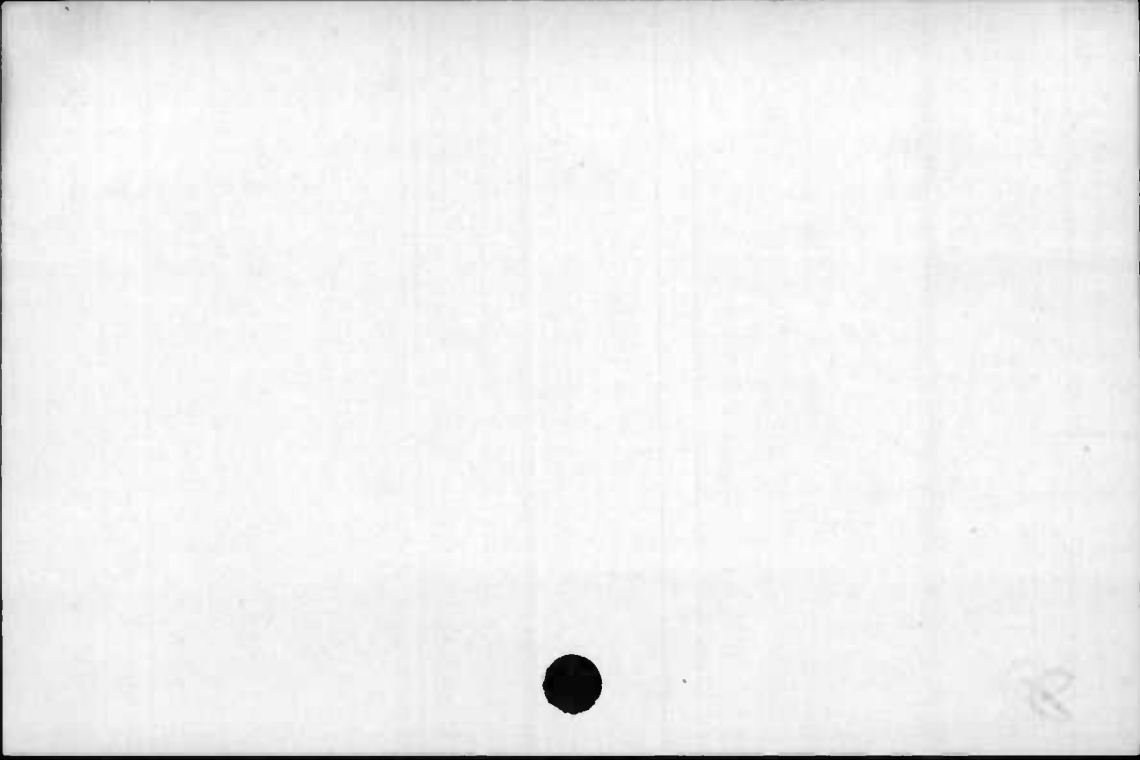
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawson		County Somerset		MARYLAND	
Date of death		1906	Month Oct	Day 3	Age 61	Years	Months Days
Sex	Female		Color or Race	Blond		Birth- place	Lawson
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	Jacob Sterling					Father's Birthplace	Lawson
Mother's Maiden Name	Dina Sterling					Mother's Birthplace	Lur
Name of person giving In formation						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	3 weeks
Immediate	Heart Failure	How long	one hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. F. Hall
		Address	Crusfield Md
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1906	Month <i>Oct</i>	Day <i>11</i>	Age <i>54</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ocean Grove</i>
Occupation	<i>Labourer</i>		Where Residing if not at place of death		<i>Crisfield Md</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Maggie N Sterling</i>		
Father's Name	<i>Servus Sterling</i>		Father's Birthplace		<i>Ocean Grove</i>		
Mother's Maiden Name	<i>Sintha Moore</i>		Mother's Birthplace		<i>" "</i>		
Name of person giving information	<i>Maggie N Sterling</i>		How related to deceased		<i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

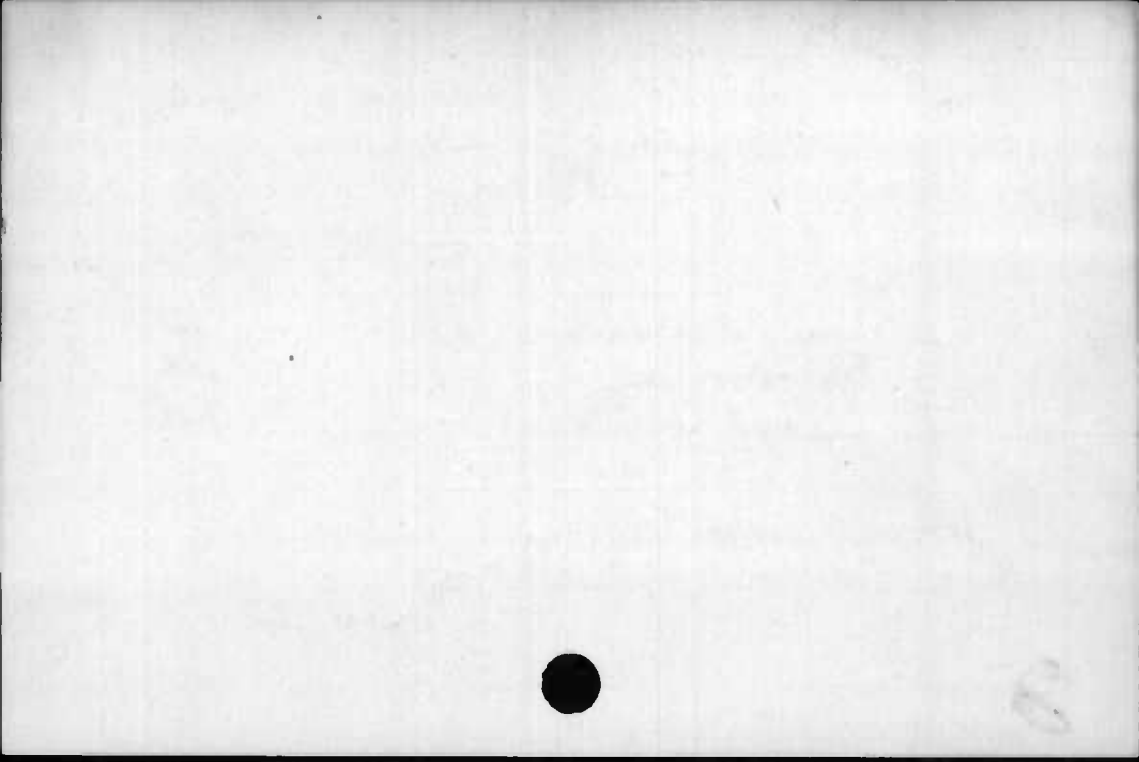
yes

Signature of Physician

Address

Accident or Suicide?

no



Name
in
Full

Albert Stevenson

CERTIFICATE OF DEATH

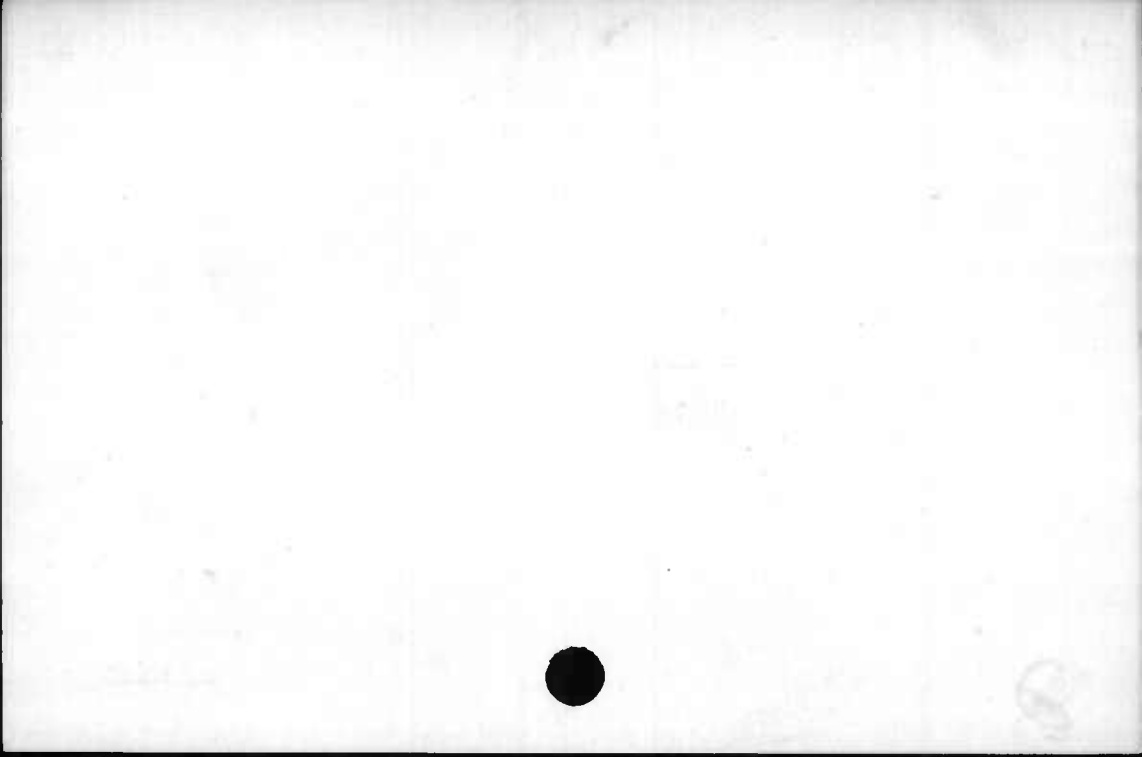
TO BE ANSWERED BY
NEAREST FRIEND

Died at Year <u>1906</u> Town <u>Potomac</u>		County <u>Somerset</u>		MARYLAND	
Date of death	1906	Month	10	Day	12
Age		Years		Months	Days
Sex	male	Color or Race	Black	Birthplace	ind
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Sam. Stevenson		Father's Birthplace	ind
Mother's Maiden Name		Eric Horner		Mother's Birthplace	ind
Name of person giving information		Samuel Stevenson		How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchopneumonia	How long	(92)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		(Mr Doelri) F. J. Smith	
		Address	
		100 Ann road	
Accident or Suicide?			



Name
in
Full

Infant,

CERTIFICATE OF DEATH

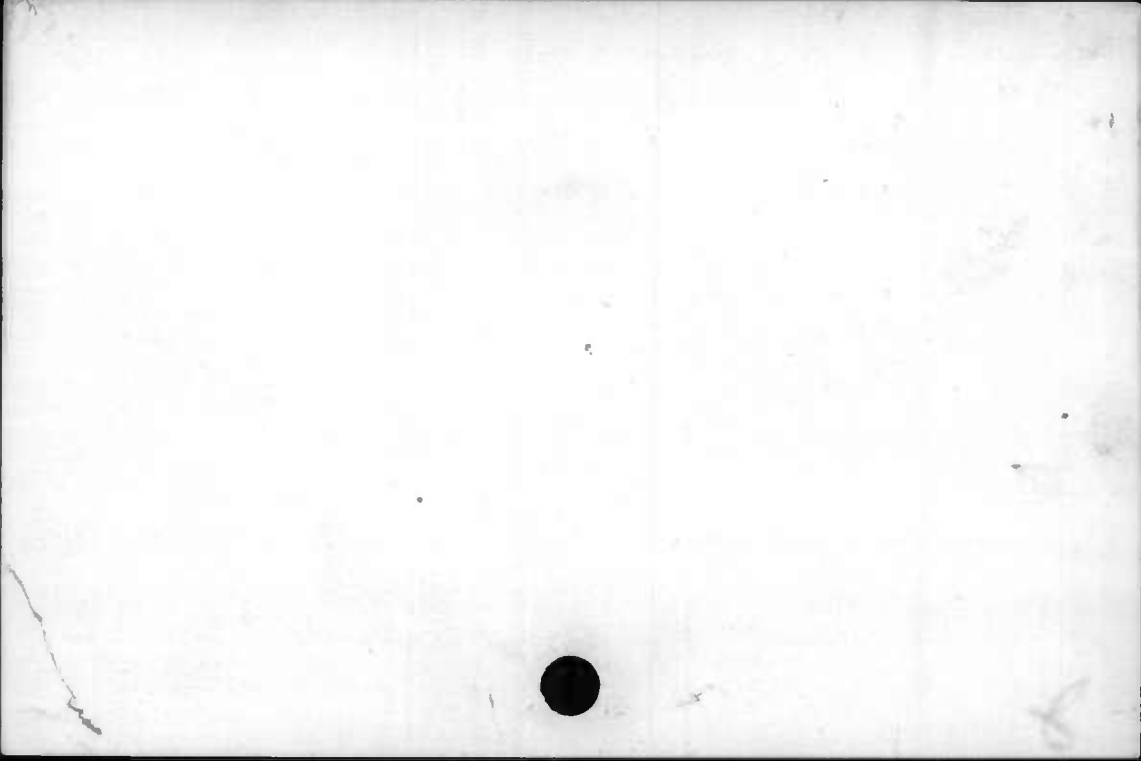
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Menomona</i>		County <i>Taus</i> <i>Somerset</i>		MARYLAND	
Date of death		190	Month <i>Oct</i>	Day <i>4</i>	Age <i>Years</i>	Months	Days <i>3</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Joseph G. Taus</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Jane Taylor</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Sah. L. Taus</i>				How related to deceased <i>Ind</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Immaturity</i>	How long	<i>7 1/2</i>
Immediate	<i>Asphyxia</i>	How long	<i>Since birth</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. J. Alexander</i>	
<i>So far as I know</i>		Address <i>Deale Island</i>	
Accident or Suicide?			



Name in Full *Winfield C. Travis* CERTIFICATE OF DEATH

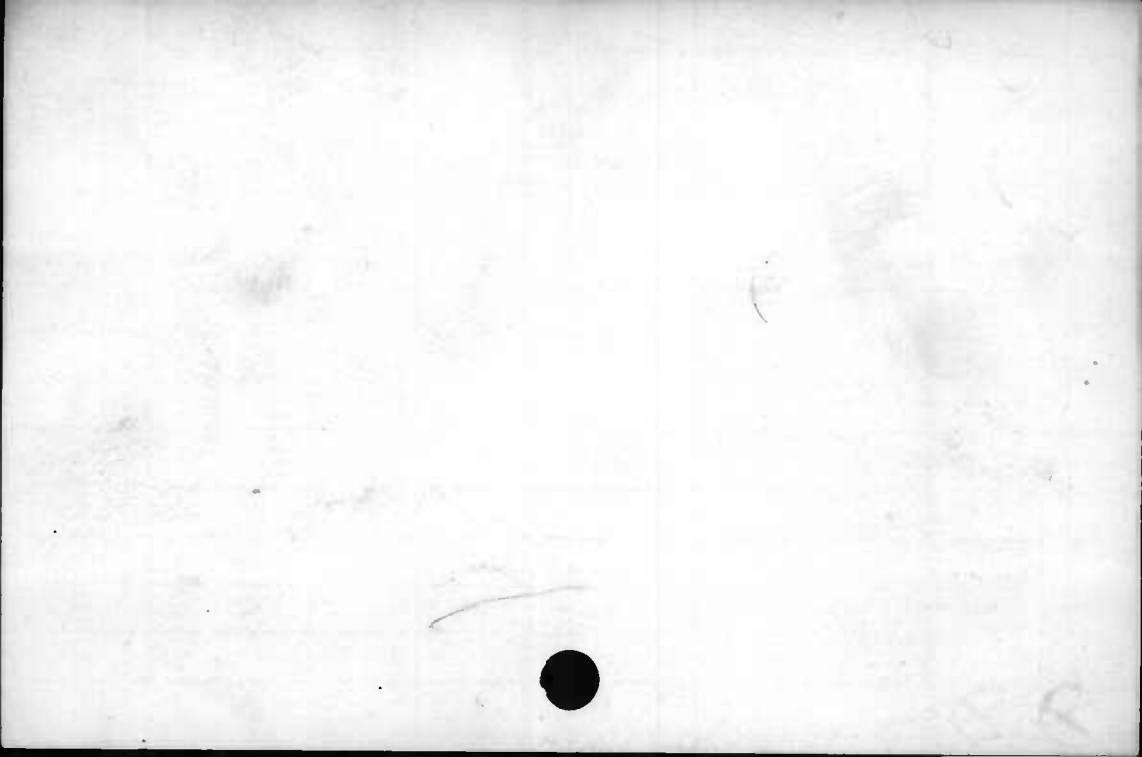
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Peters</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>13</i>	Age <i>7</i> Years	Months <i>0</i> Days <i>0</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>William G. Travis</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Ellen Messick</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Ellen Messick</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Kautsky</i>
	Address <i>Lawrence Center</i>
Accident or Suicide? <i>No</i>	<i>md</i>



Name In Full

Certificate of Death

Ralph W. Tull

Died at ^{Town} Manor ^{County} Somerset MARYLAND

Date 19 06 ^{Month} 10 ^{Day} 12 ^{Y.} 3 ^{M.} 3 ^{D.} 3 ^{Native of} Mo ^{Occupation}

Male Female White Colored Married Single Widow Widower Divorced Number of children living

Husband of

Wife

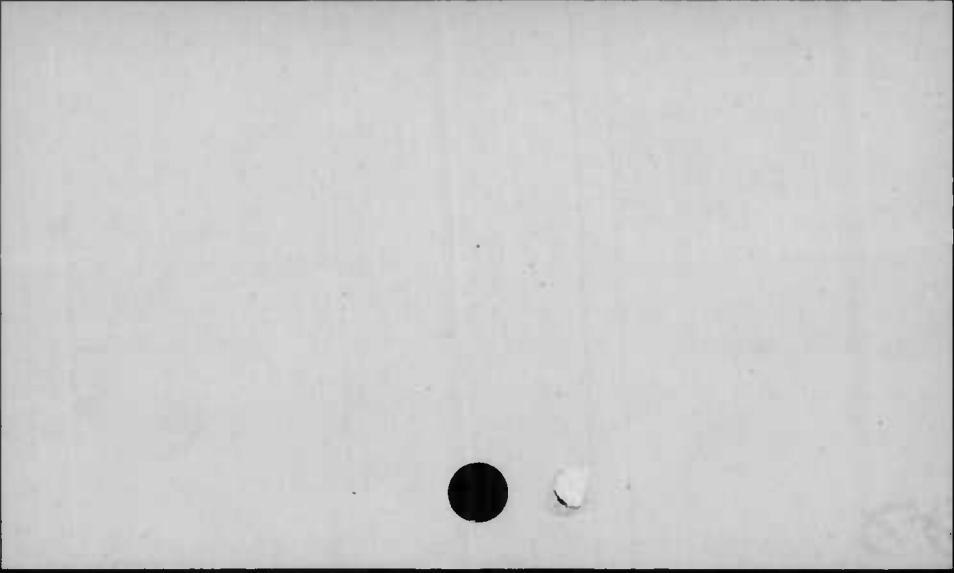
Father's Name Warren Tull Mother's Maiden Name Alice M. Knight

Cause of Death { Primary Enterocolitis Immediate 105 How long sick 14 days Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Francis B. Walsh

CERTIFICATE OF DEATH

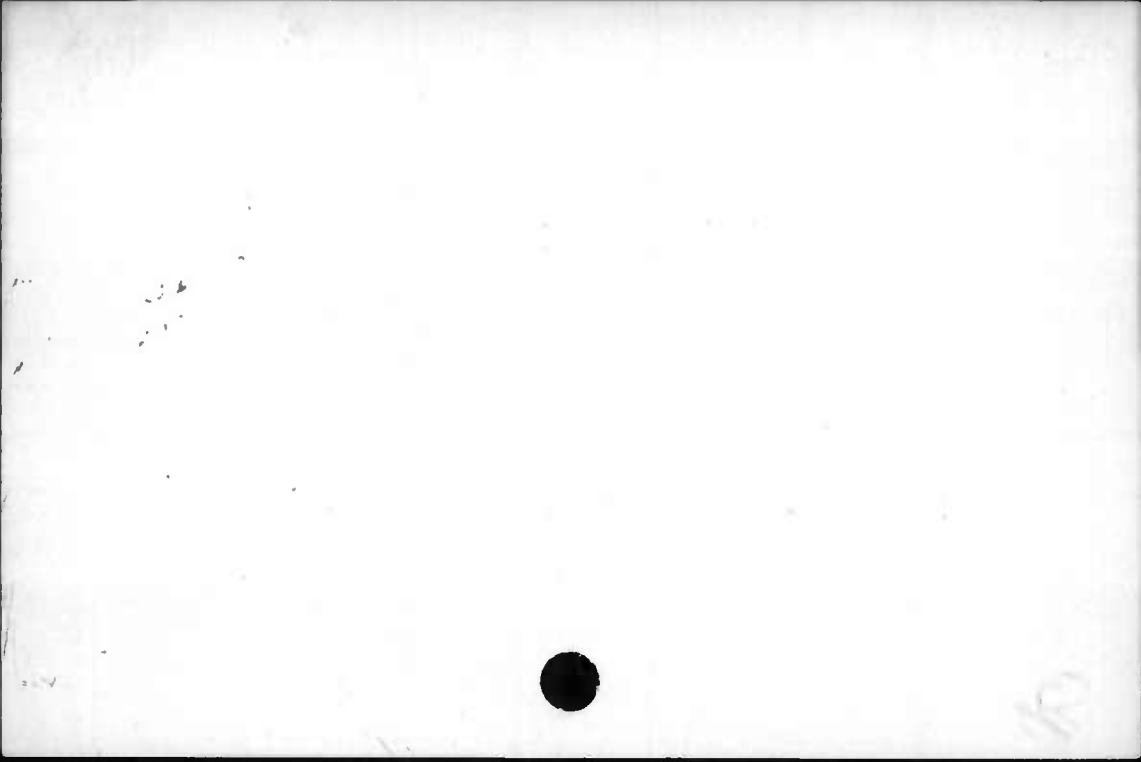
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>North Anne</u> Town			County <u>Somerset.</u>			MARYLAND	
Date of death	1906	Month 10	Day 10	Age 70	Years	Months 1	Days —
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place	
Occupation	<u>Former at-lim of rails</u>			Where Residing if not at place of death <u>Somerset Co. Md</u>			
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband <u>Mary A Walsh</u>				
Father's Name	<u>Francis B. Walsh</u>					Father's Birthplace	
Mother's Maiden Name	<u>Eugene Walsh</u>					Mother's Birthplace	
Name of person giving information	<u>Gertrude Lquis</u>					How related to deceased <u>Niece</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>about one</u>
Immediate	<u>Heart failure</u>	How long	<u>weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. J. Smith M.D.</u>
		Address	<u>Pr Anne Md</u>
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
in
Full

Melissa Walter

CERTIFICATE OF DEATH

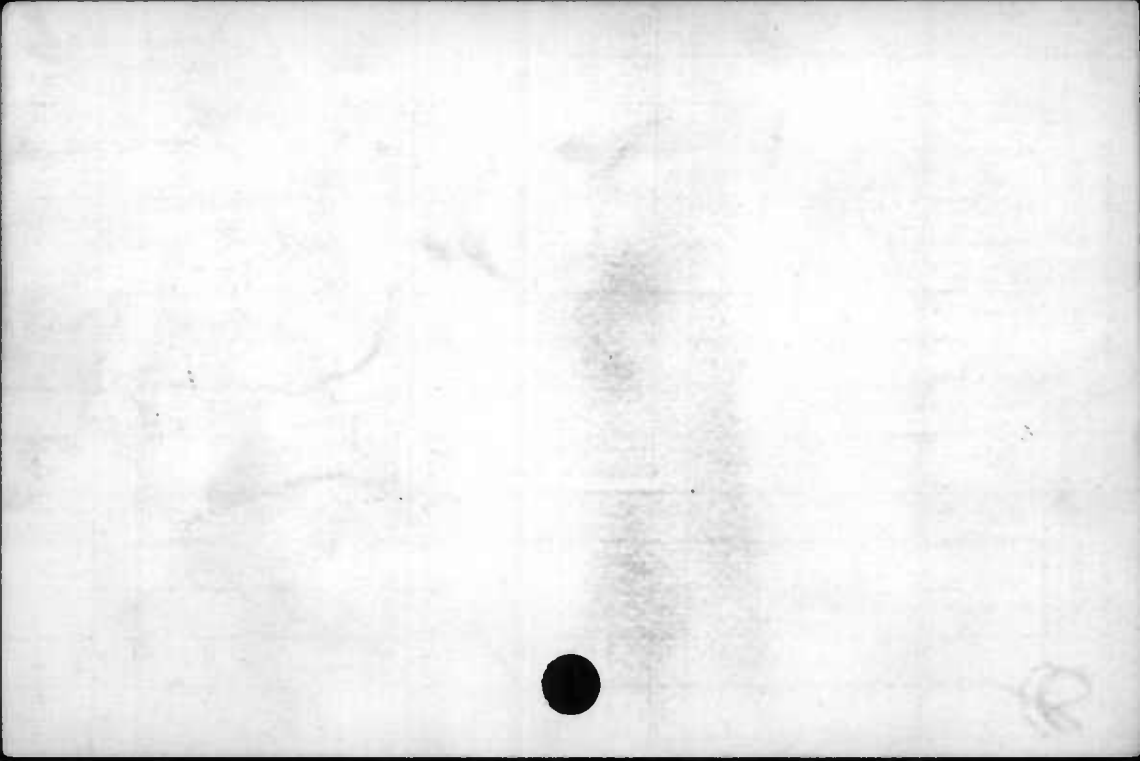
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deals Island</i>			County <i>Somerset</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>25th</i>	Age <i>67</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Som. Co.</i>			
Occupation <i>House wife</i>			Where Residing if not at place of death <i>Deals Island. Md.</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Hamilton B. Walter</i>					
Father's Name <i>William J. Webster</i>			Father's Birthplace <i>Deals Island. Md.</i>			
Mother's Maiden Name <i>Polly E. Webster</i>			Mother's Birthplace <i>Deals Island Md.</i>			
Name of person giving information <i>Addie Webster</i>			How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Softening</i>	How long <i>6 mos.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Windsor M.D.</i>
	Address <i>Salinas, Calif.</i>
Accident or Suicide? <i>no</i>	



Name in Full		CERTIFICATE OF DEATH			
Anna R. White		Town Deale Island		County Somerset	
Died at		Date of death		Age	
		1906 Oct 26		29	
Sex		Color or Race		Birth-place	
Female		White		md	
Occupation		Where Residing if not at place of death			
House wife		Wenona md.			
Married, Single or Widowed		Name of Wife or Husband			
Married		Clarence I White			
Father's Name		Father's Birthplace			
Jessie S. Webster		Deale Island			
Mother's Maiden Name		Mother's Birthplace			
Louise Hendree		Deale Island			
Name of person giving information		How related to deceased			
Clarence I White		Husband			
CAUSES OF DEATH					
Primary		How long			
Pulmonary tuberculosis		7 months			
Immediate		How long			
Anthrax		2 weeks			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		H. G. Alexander			
		Address			
		Somerset Co.			
Accident or Suicide?					

